| FILED APR | 28 1954 | STANDARD CER | HEALTH OF MISSO | * A TL I | 12008 |
|--|--|---|---------------------------------------|---------------------------------------|---|
| | | | • | State. NO. 1002 Reg | 1584 |
| BIRTH NO | | REG. DIST. NO/ 7 | | | |
| 1. PLACE OF DEA | лтн Jacks | 011. | a. STATE M. 88 | | lived. If institution: residence beforunty Jackson admission |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City C. LENGTH OF STAY (in this place) | | | place) OR | nsas City | d. Is Residence within limits of a city or incorporated town? |
| d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION. 2017 Linwood | | | II ADDRESS | (If rural, give location) | 3548 |
| 3. NAME OF DECEASED | a. (First) | b. (Middle) | c. (Last) | 4. DATE | (Month) (Day) (Year) |
| (Type or Print) | James | Leo | CORCORAN | OF DEATH | April 6, 1954 |
| 5. SEX) 6. | COLOR OR RACE | 7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (Spec Widowed 1 | D. 8. DATE OF BIRTH | 9. AGE (In related birthda) | sars of Under 1 Tear of Under M HE Mouths Days Hours Min. |
| 10a. USUAL OCCUPATION | ON (Give kind of work | 10b. KIND OF BUSINESS OR | IN- 11. BIRTHPLACE | (City and State or Foreign C | OUNTRY) 12. CITIZEN OF WHA |
| done during most of world | ng life, even if retired) | May Potato Chip | Co. Compept | ion, Missouri | D USA |
| 3a. FATHER'S NAME | | 136. MOTHER'S MAI | IDEN NAME | 14. NAME OF HUSBA | ND'OR WIFE |
| Michael Co | rooran . | Anna Har | | Gertrude C | |
| I5. WAS DECEASED EVE (Yes. no. or unknown) (III | ER IN U.S. ARMED F | | | r's signature or oth MoManus, 73 | NAME ADDRESS 21 Falmouth, KCK |
| Enter only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such | ANTECEDENT CA | NG TO DEATH*(a) | far J | nemmo | ONSET AND DEATH |
| as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica- | rise to the above co the underlying cau | ruse (a) stating se last. DUE TO (c) | · · · · · · · · · · · · · · · · · · · | · | |
| tion which caused death. | | | | | |
| • | Conditions contrib | FICANT CONDITIONS uting to the death but not te or condition causing death. | | • | 4904 |
| 19a. DATE OF OPERATION | Conditions contrib | uting to the death but not | | | 20, AUTOPSY7 |
| TION | Conditions contrib related to the disease 19b. MAJOR FINE | uting to the death but not se or condition cousing death. | about 21c. (CITY, TOWN, C | or township) (| |
| 21a. ACCIDENT SUICIDE HOMICIDE | Conditions contributed to the disease 19b. MAJOR FINE | nuting to the death but not see or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or s | RED 21f. HOW DID INJU | | COUNTY) YES NO COUNTY) (STATE) |
| 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Month) | Conditions contributed to the disease of the diseas | nuting to the death but not see or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or a home, farm, factory, street, office bidg. Elour) 21e. INJURY OCCURF WHILE AT WORK AT WORK | 21f. HOW DID INJU | RY OCCUR? | COUNTY) (STATE) , that I last saw the decease date stated above. |
| 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE OF INJURY 22. I hereby certify alive on 23a. SIGNATURE | Conditions contribered to the disease 19b. MAJOR FINE (Specity) (Day) (Year) Contribution of that I attended to the High H. | nuting to the death but not see or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or a home, farm, factory, street, office bidg. Hour) 21e. INJURY OCCURF WHILE AT NOT WHILL WORK AT WORK he deceased from , and that death occurred OWEDS (Degree or ti | 21f. HOW DID INJU 19 | RY OCCURT 19 1 the causes and on the | that I last saw the decease date stated above. 22c. DATE SIGNED |
| 21a. ACCIDENT SUICIDE HOMICIDE OF INJURY 21d. TIME (Month OF INJURY) 22. I hereby certify alive on | Conditions contribered to the disease 19b. MAJOR FINE (Specity) (Day) (Year) Contribution of that I attended to the High H. | nuting to the death but not see or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (a.g., in or a home, farm, factory, street, office bidg. Elour) 21e. INJURY OCCURF WHILE AT WORK AT WORK he deceased from , and that death occurred OWENS (Degree or ti | 21f. HOW DID INJU 19 | RY OCCUR?, 19 | that I last saw the decease date stated above. 23c. DATE SIGNE. |

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.......

working under my personal supervision..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

this body is not embalmed, fact should be so stated above.

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